

INCIDENT REPORT

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE OF VICTIM	
1.	16-03-0653 SEX/CRIM SEXUAL CONDUCT-2ND DEG FORCIBLE RAPE			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RESIDENCE/HOME		<input checked="" type="checkbox"/> Individual	
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> Business	
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> Financial Inst	
								<input type="checkbox"/> Government	
								<input type="checkbox"/> Relig. Orgn.	
								<input type="checkbox"/> Soc./Public	
								<input type="checkbox"/> Other	
								<input type="checkbox"/> Unknown	
								<input type="checkbox"/> Police Off.	
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) 2900 MILLWOOD AVE, COLUMBIA, SC						ZIP CODE 29205-	WEAPON TYPE		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME			LOCATION NO	
02/29/2016	09:36		02/29/2016	12:02	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	
					02/29/2016	11:12	11:38	12:02	413
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) COBBS, BENADETTE			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH
			#1 OK #2 #3		J	B	F	48	N
ADDRESS 2900 MILLWOOD AVE			CITY COLUMBIA		STATE SC	ZIP CODE 29205-		LOCATION NO. 413	
VICTIM'S NAME (LAST, FIRST, MIDDLE) VESS, CONNER			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH
			#1 FR #2 #3		J	W	M	11	N
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
ADDRESS 2900 MILLWOOD AVE			CITY COLUMBIA		STATE SC	ZIP CODE 29205-		LOCATION NO. 413	
VIOLENCE (MCT.1) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN-					COMPLAINANT OF ANY NON-VIOLENCE INJURIES <input type="checkbox"/> YES <input type="checkbox"/> NO				
VICTIM (NO. 1) USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE:									
TWO MAN VEH <input type="checkbox"/> ONE MAN VEH <input type="checkbox"/> DETECTIVE PLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/>					*J-This Jurisdiction. S-State. O-Out of State. U-Unknown.				
<input checked="" type="checkbox"/> SUSPECT	NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH
<input type="checkbox"/> RUNAWAY					W	M			
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				RELATED OFFENSE(S)		DAYTIME PHONE		EVENING PHONE
<input type="checkbox"/> WARRANT					11A		803-256-7394		
<input type="checkbox"/> ARREST	ADDRESS 2900 MILLWOOD AVE				CITY COLUMBIA		STATE SC	ZIP CODE 29205-	LOCATION NO. 413
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE				ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE 2/29/2016 9:36:00 AM		DATE/TIME OF ARREST
<input type="checkbox"/> SUMMONS	TOTAL # ARRESTED								
DAY OF THE WEEK		HOW REPORTED		A= OFFICER DISPATCHED ON CALL		D= COMPLAINT WRITTEN IN		DIFF. FACTOR	
S M T W T F S UNK				B= REPORT TAKEN BY PHONE		E= OFFICER INITIATED		A= RESISTANCE/HOSTILITY	
				C= COMPLAINANT WALKED IN		F= OTHER		B= WEAPONS	
								C= UNFOUNDED CALLS	
								D= MENTAL SUBJECT	
								E= COMPLAINANT FRE-QUENTLY INTOXICATED	
								F= DOMESTIC	
								N= NORMAL	
ON THE ABOVE DATE AND LISTED TIMES, THE COMPLAINANT STATED THAT A SEXUAL CRIMINAL CONDUCT INCIDENT OCCURRED AT THE LISTED LOCATION AND WAS REPORTED TO HER VIA EMAIL BY HER EMPLOYEES. THE EMPLOYEE (REPORTEE #1 AND #2) STATED THAT THE VICTIM APPROACHED THEM AND EXPRESSED THAT THE SUBJECT USED AGGRAVATED COERCION TO ACCOMPLISH SEXUAL BATTERY TOWARD HIM. I ATTEMPTED SEVERAL TIMES TO MAKE CONTACT WITH BOTH REPORTEES WHO ACTUALLY SPOKE WITH THE VICTIM BUT I WAS NOT ABLE TO COME IN CONTACT WITH THEM. A COPY OF THE EMAIL WAS TAGGED ALONG WITH THIS REPORT INTO THE PROPERTY ROOM.									
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY					JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY				
TYPE (GROUP)									TOTAL VALUE
STOLEN									
DAMAGED									
BURNED									
RECOVERED									
SEIZED									
SUBJECT IDENTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		S. F.	AI		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
							<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE		1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION PROSECUTION		3. <input type="checkbox"/> EXTRADITION DENIED		4. <input type="checkbox"/> VICTIM DECLINES COOPERATION		5. <input type="checkbox"/> JUVENILE AND CUSTODY	
REPORTING OFFICER(S)		DATE		UNIT NUMBER	APPROVING OFFICER		DATE		UNIT NUMBER
SUMTER BRIANNA P		2/29/2016 12:20:47 PM		24023	BAIRE T R		2/29/2016 3:59:42 PM		21161
					FOLLOWUP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

AGENCY: Columbia Police Department
ORI #: SC0400100
Report Date/Time: 02/29/2016 09:36
Incident #: 160006243

INCIDENT REPORT ADDITIONAL OTHERS

PERSON TYPE SUSPECT	NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				RELATED OFFENSE(S)				
	ADDRESS 2900 MILLWOOD AVE				CITY COLUMBIA	STATE SC	ZIP CODE 29205-	LOCATION NO.	DAYTIME PHONE		EVENING PHONE		
VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- COMPLAINT OF ANY NON-VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>													
USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE:													

PERSON TYPE COMPLAIN	NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				RELATED OFFENSE(S)				
	ADDRESS 2900 MILLWOOD AVE				CITY COLUMBIA	STATE SC	ZIP CODE 29205-	LOCATION NO.	DAYTIME PHONE 803-687-0171		EVENING PHONE		
VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- COMPLAINT OF ANY NON-VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>													
USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE:													

PERSON TYPE REPORTER	NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				RELATED OFFENSE(S)				
	ADDRESS 2900 MILLWOOD AVE				CITY COLUMBIA	STATE SC	ZIP CODE 29205-	LOCATION NO.	DAYTIME PHONE 704-352-7768		EVENING PHONE		
VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- COMPLAINT OF ANY NON-VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>													
USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE:													

PERSON TYPE REPORTER	NAME (LAST, FIRST, MIDDLE) GAINES, TERRY				RELATIONSHIP SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				RELATED OFFENSE(S)				
	ADDRESS 2900 MILLWOOD AVE				CITY COLUMBIA	STATE SC	ZIP CODE 29205-	LOCATION NO.	DAYTIME PHONE 803-319-2110		EVENING PHONE		
VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- COMPLAINT OF ANY NON-VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>													
USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE:													

PERSON TYPE	NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				RELATED OFFENSE(S)				
	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE		EVENING PHONE		
VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- COMPLAINT OF ANY NON-VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>													
USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE:													

PERSON TYPE	NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				RELATED OFFENSE(S)				
	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE		EVENING PHONE		
VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- COMPLAINT OF ANY NON-VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>													
USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE:													

ADDITIONAL NARRATIVE

Agency Name: Columbia Police Department	ORI #: SC0400100	Report Date/Time: 02/29/2016 09:36	OCA #: 160006243
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COMPLAINANT #1 REPORTED ON THE ABOVE DATE AND TIME THAT SHE RECEIVED AN EMAIL FROM THE CASE MANAGER OF EPWORTH CHILDREN'S HOME, WHO IS [REDACTED] (COMPLAINANT #2). WITHIN THE EMAIL, COMPLAINANT #2 STATED THAT HE RECEIVED INFORMATION OF A CRIMINAL SEXUAL CONDUCT INCIDENT THAT OCCURRED AT THE EPWORTH'S CHILDREN'S HOME INVOLVING THE VICTIM AND SUBJECT. THE INFORMATION WAS RECEIVED FROM TWO EMPLOYEES, [REDACTED] (REPORTEE #1) AND [REDACTED] (REPORTEE #2). THE VICTIM MADE CONTACT WITH REPORTEE #1 WHILE WITHIN ONE OF THE COTTAGES AT THE HOME. THE VICTIM EXPRESSED TO THE REPORTEE THAT ONE NIGHT, THE SUBJECT APPROACHED HIM WHILE HE WAS IN THE BATHROOM. THE SUBJECT CAME INTO THE STALL WHERE THE VICTIM WAS AND TOLD HIM THAT HE NEEDS TO BEND OVER OR HE WOULD BEAT HIM UP. THE VICTIM COMPLIED AND THE SUBJECT STUCK HIS PENIS IN THE VICTIM'S ANUS. THE VICTIM SPOKE WITH REPORTEE #2 AND REPEATED THE STORY TO HIM. WHEN THE VICTIM SPOKE TO REPORTEE #2, HE EXPRESSED THAT THE INCIDENT BETWEEN HIM AND THE SUBJECT HURT HIM AND THAT HE NO LONGER WANTED TO BE HIS FRIEND. THE INITIAL COMPLAINANT COULD NOT PROVIDE A TIMEFRAME OF THE ACTUAL INCIDENT. WITHIN THE EMAIL, IT STATED THAT THE INCIDENT MAY HAVE OCCURRED DURING LATE OCTOBER OF LAST YEAR. THE VICTIM STATED THAT HE WAS AFRAID TO TELL ANYONE. BOTH REPORTEES REPORTED THE INCIDENT TO COMPLAINANT #2 WHO GAVE THE INFORMATION TO THE INITIAL COMPLAINANT. AT THE TIME OF THE INCIDENT, THE VICTIM AND SUBJECT STAYED WITHIN THE SAME COTTAGE LOCATED AT THE HOME. NOW, THE VICTIM AND SUBJECT ARE SEPARATED AND LIVE WITHIN DIFFERENT COTTAGES OF THE HOME. WHILE ON SCENE, THE VICTIM AND SUBJECT WERE NOT PRESENT, THEY WERE LOCATED AT [REDACTED] AT THE TIME.